

**DISPROPORTIONATE SHARE HOSPITAL PAYMENT PROGRAM  
INTERGOVERNMENTAL TRANSFEROR (IGT) ADDRESS QUESTIONNAIRE**

Return the questionnaire to:

Department of Health Services  
Medi-Cal Policy Division  
Disproportionate Share Hospital Unit  
Attention: Nancy Ehlman-Jacobson  
1501 Capitol Avenue, Suite 71.4001, MS 4600  
P.O. Box 997417  
Sacramento, CA 95899-7417  
Phone (916) 552-9693 Fax No. (916) 552-9504  
[sb855dshunit@dhs.ca.gov](mailto:sb855dshunit@dhs.ca.gov)

\_\_\_\_\_ No changes.

\_\_\_\_\_ Please make changes to:

Name: \_\_\_\_\_

Transfer Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_